



<b>Reviewed by Leadhand/Supv/Mgr.</b>	
Initials	Date

# Tailboard/JSA-LNG

Prepare, discuss and review the job plan with the crew daily and whenever a change is introduced to the job.

Date(s) - \_\_\_\_\_

Project #/Name - \_\_\_\_\_

Permit # - \_\_\_\_\_

Site Coordinator \_\_\_\_\_

Workgroup - Person in Charge - - \_\_\_\_\_

<b>Job Being Performed -</b> _____			
<b>Emergency Response Plan</b>			
Identify exact location for emergency response		Muster Point	
Location directions for ambulance/helicopter			
How will you execute a rescue?			
Have you established communication?			
<b>Emergency Numbers</b>			
	SCC	393 5355 or 393-5324 (recorded lines)	Emergency Services 911
Whitehorse General Hospital 393-8700	WFD Fire Rescue - 668 2462	<b>Others as required:</b>	
	<b>Note</b> - for communicating WFD standby requirements (site, location/unit, scope of work, duration of work etc.)		
<b>Environmental Emergency</b>	SCC - 393 5355 or 393-5324 (recorded lines)		

<b>NOTES</b>

# IF CONDITIONS CHANGE ... REVIEW AND REVISE THE PLAN

## LNG RESCUE PLAN

Has a first aid attendant been identified?	
Identify first aid attendant and contact number.	

	Yes/No	PIC Initial
Has the rescue plan been reviewed and understood by all workers?		
Is the rescue plan detailed? <i>See below.</i>		
Is there a first aid kit available? Location(s)		
What communication methods are in place for rescue? <input type="checkbox"/> Telephone <input type="checkbox"/> Radio		
Does emergency response personnel have clear access to the site? Work area?		
Are there any hazards that may hamper rescue efforts? If yes, list below.		

## DETAILED RESCUE PLAN

## RESPONSIBILITY

DETAILED RESCUE PLAN	RESPONSIBILITY

## ADDITIONAL COMMENTS/INFORMATION -

Rescue plan prepared by -

Date -

## IF CONDITIONS CHANGE ... REVIEW AND REVISE THE PLAN

<b>Have all workers received H&amp;S/Environmental orientation?</b> <i>If no, contact YEC Project Manager</i>				
<b>Have all workers received LNG site orientation?</b> <i>? If no, contact YEC Project Manager</i>				
<b>Is the work in the Class 1, Zone II area?</b> <i>? If yes, a hot work Permit may be required.</i>				
<b>Is the work in the containment pit?</b> <i>If yes, see YEC SWP-108; Work in LNG Containment Pit</i>				
<b>Have you considered?</b>				
<b>Site requirements</b>	<b>LNG</b>	<b>Mechanical</b>	<b>Body Mechanics</b>	<b>Hazardous materials</b>
<input type="checkbox"/> Check in/out with SCC <input type="checkbox"/> 2-hour Man-check <input type="checkbox"/> Emergency response <input type="checkbox"/> First aid <input type="checkbox"/> Rescue plan (pg. 2)	<input type="checkbox"/> SJP and/or SWP <input type="checkbox"/> Emergency response <input type="checkbox"/> First aid <input type="checkbox"/> Wind direction <input type="checkbox"/> Release <input type="checkbox"/> Ignition sources	<input type="checkbox"/> Moving parts <input type="checkbox"/> Loaded springs <input type="checkbox"/> Under pressure <input type="checkbox"/> Rigging and hoisting	<input type="checkbox"/> Slips or trips <input type="checkbox"/> Lifting/twisting strains <input type="checkbox"/> Repetitive strains <input type="checkbox"/> Tight quarters <input type="checkbox"/> Pinch point	<input type="checkbox"/> Hazardous material(s) in use <hr/> <input type="checkbox"/> Flammable <input type="checkbox"/> Explosive <input type="checkbox"/> Toxic <input type="checkbox"/> Poison <input type="checkbox"/> Other <input type="checkbox"/> <b>Safety data sheet</b>
<b>Electrical</b>	<b>Tools/Equipment</b>	<b>Gravity</b>	<b>Noise</b>	<b>Other</b>
<input type="checkbox"/> Voltage (contact/induced/static) <input type="checkbox"/> Back-feed <input type="checkbox"/> Arc flash potential <input type="checkbox"/> Step/touch potential <input type="checkbox"/> Static charge <input type="checkbox"/> Limits of approach	<input type="checkbox"/> Tools/equip adequate for the task <input type="checkbox"/> Inspection of tools/equipment <input type="checkbox"/> Other	<input type="checkbox"/> Work at height <input type="checkbox"/> Falling from height <input type="checkbox"/> Falling objects <input type="checkbox"/> Climbing (ladders)	<input type="checkbox"/> Chronic > 85db <input type="checkbox"/> Explosive <input type="checkbox"/> Distraction level	<input type="checkbox"/> Elevated work platform <input type="checkbox"/> Cold/hot surfaces <input type="checkbox"/> Weather conditions <input type="checkbox"/> Vehicles on site <input type="checkbox"/> Terrain
<b>Work Procedures</b>	<b>People</b>	<b>PPE</b>		<b>Gas detector</b>
<input type="checkbox"/> Permit req'd <input type="checkbox"/> Isolation/LOTO <input type="checkbox"/> Safe Job Procedures <input type="checkbox"/> Containment pit <input type="checkbox"/> Hot work	<input type="checkbox"/> Person in charge <input type="checkbox"/> Other work groups <input type="checkbox"/> Communication <input type="checkbox"/> Worker fatigue <input type="checkbox"/> Public safety <input type="checkbox"/> Pedestrian control	<input type="checkbox"/> Safety headwear <input type="checkbox"/> Safety eyewear <input type="checkbox"/> Safety footwear <input type="checkbox"/> Hearing PPE <input type="checkbox"/> Cryogenic PPE	<input type="checkbox"/> Face shield <input type="checkbox"/> Hi-visibility apparel <input type="checkbox"/> Fall protection <input type="checkbox"/> Inspection of PPE <input type="checkbox"/> Gas detector	<input type="checkbox"/> <b>Bump tested</b> By: <span style="background-color: yellow; border: 1px solid black; padding: 2px 20px;"> </span> <input type="checkbox"/> Calibration valid

<b>ENVIRONMENTAL</b>				
Overarching Risks	Hazardous materials	Brushing/clearing	Permits/plans/EWPs	
<input type="checkbox"/> Work near water <input type="checkbox"/> Spill/release <input type="checkbox"/> Work near heritage resources <input type="checkbox"/> Use of haz mat <input type="checkbox"/> Stakeholders/public	<input type="checkbox"/> Describe hazardous material(s) in use <hr/> <input type="checkbox"/> Fuel transfer <input type="checkbox"/> Emissions produced <input type="checkbox"/> Materials storage	<input type="checkbox"/> Waste generation <input type="checkbox"/> Waste storage <input type="checkbox"/> Other <hr/> <input type="checkbox"/> Other <hr/>	<input type="checkbox"/> New brushing <input type="checkbox"/> Spill kits on equip. <input type="checkbox"/> Bird season <input type="checkbox"/> Heritage resources <input type="checkbox"/> Other <hr/>	<input type="checkbox"/> Environmental Work Procedures (EWP) <input type="checkbox"/> Spill response plan <input type="checkbox"/> Environmental permits <input type="checkbox"/> Other <hr/>

<b>Behavioural – Have you considered, discussed, or reviewed?</b>		
<input type="checkbox"/> 'Mind on task' <input type="checkbox"/> Fatigue	<input type="checkbox"/> Distraction(s) <input type="checkbox"/> Complacency	<input type="checkbox"/> Other - <input type="checkbox"/> Other -

***IF CONDITIONS CHANGE ... REVIEW AND REVISE THE PLAN***

Job Steps	Who	HIGH RISK HAZARDS	HAZARD & RISK CONTROL

**Evaluate the HAZARDS: Please identify & assess hazards that are SIFP\***

- Harm – Physical injury, fatality or damage to the health of a worker
- Hazard – a potential source of harm to a worker
- Identify hazards and risk factors that have the potential to cause HARM (hazard identification)
- Analyze and evaluate the risk associated with that hazard (risk analysis, and risk evaluation)
- Determine appropriate ways to eliminate the hazard; **control the risk** when the hazard cannot be eliminated (risk control)

**Worker sign on/off – Please review work plan before signing**

Date	Crew Members Present (PLEASE PRINT)	Sign On	Sign Off

\*SIFP – Serious Incident with Fatality Potential

Forward completed JSA to Supervisor for review